INAHTA Briefs

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Issue:	Do telephone management protocols for patients with chronic congestive heart failure (CHF) diminish hospitalizations and emergency urgent care visits for CHF, improve patient satisfaction, and enhance patient quality of life?
Title:	Physiologic Telemonitoring in CHF
Agency:	VA Technology Assessment Program, Office of Patient Care Services, Room D4-142, 150 S. Huntington Ave (11-T), Boston, MA 02130 Tel: 857-364-4469, Fax: 857-364-6587
Reference:	VA Technology Assessment Program Short Report January, 2001 Number 5. www.va.gov/vatap
Aim:	To determine the effectiveness of physiologic telemonitoring in patients with congestive heart failure (CHF).
Conclusions and results:	Sic articles met the inclusion criteria. The results indicate most patients with CHF are candidates for multidisciplinary management programs like physiologic telemonitoring. Physiologic telemonitoring led to a reduction in resource use and an increased functional level in patients. In addition, patients tended to be satisfied with telemonitoring devices and their care. Within the VHA there is interest in managing patients through telemonitoring.
Recommendations:	Evidence shows the feasibility of telemonitoring and its potential for clinical and economic benefit, but limitations in study design prevent drawing definitive conclusions.
Methods:	Comprehensive literature searches were conducted using Medline, HealthSTAR, Embase, Current Contents, and the Cochrane Library from 1995 to 2000. Search strategies aimed to retrieve peer-reviewed published literature using a variety of terms indicating telephone, telemetry, telemonitoring, remote monitoring, telemedicine, congestive heart failure or heart diseases, quality of life, patient satisfaction, and terms for systematic review. Citations were also obtained from the INAHATA and evidence-based medicine communities, and the VA for ongoing or proposed activities involving physiologic telemonitoring. 155 citations were identified. Original controlled studies published in English that addressed outcomes using telemonitoring systems in the home setting were included.
Further research / reviews required:	Basic research is needed to define target populations for telemedicine services and associated interventions, develop standardized tools to measure effectiveness and harm, and assess the effect of different methods of delivery and payment. Randomized clinical trials are needed to determine the relative cost-effectiveness of telemedicine strategies.
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